DATE:

PHONE #:

CLIENT'S NAME (PLEASE PRINT):

CASEWORKER'S NAME (PLEASE PRINT):

WELFARE TO WORK COMPLIANCE PLAN

INSTRUCTIONS TO THE COUNTY: This form is only used for the compliance process. This form does not replace the WTW 2, Welfare to Work Plan - Activity Assignment, or the WTW 3, Welfare to Work Plan Activity Assignment Change, which must be modified to communicate any changes in the individual's Welfare to Work requirements and supportive services needs, once this plan is no longer in effect.

CASE #:

WORKER #:

			()	
		d reason for not doing your Welfar Action sent to you on	e to Work activity. The county told you	
The county will NOT lower	r your cash aid if you:			
1) Agree to a compliance	plan; and			
,	. , , , , ,	articipation problem. This means you ty, or for the length of the activity, whi	u must do the activity in this plan for up to chever is shorter.	
After you do what this comp	liance plan says, your comp	liance period ends, but you will still no	eed to do other Welfare to Work activities.	
	MY	COMPLIANCE PLAN		
ACTIVITY #1:		ACTIVITY #2:		
BEGINS:	ENDS:	BEGINS:	ENDS:	
LOCATION:		LOCATION:		
PHONE #: ()		PHONE #:	PHONE #: ()	
SCHEDULE:		SCHEDULE:		
TOTAL HOURS/WEEK:		TOTAL HOURS/WEEK:	TOTAL HOURS/WEEK:	
COMMENTS/OTHER INSTRUCTIONS:				

I understand that:

- My cash aid will be lowered if I do not agree to the compliance plan or I agree to the plan but do not do what it says without a good reason.
- If the activity that the county asked me to do before is no longer available or right for me, I may have to do another activity.
- The county cannot ask me to do an activity for a time longer than the length of the activity that led to my nonparticipation.
- If I do not agree to a compliance plan, or if I agree to one but do not do what it says without a good reason, I will not get another chance to fix this problem before my cash aid is lowered.
- If I do not agree with any part of my plan, I may suggest my own plan for the county to consider. If the county agrees with all or some of my suggestions, it will change my plan to include those ideas.
- The county will pay for supportive services (transportation, child care, and work- or training-related expenses) that I need to do the activity in my compliance plan. The county will give me more information about these services in other notices.
- Once I do what the compliance plan says, compliance is over. I may then have to continue in the same activity, or start a new
 activity. If I have a Welfare to Work plan, it will be updated to tell me of any changes in my Welfare to Work requirements and
 supportive services needs.
- I can file for a State hearing if I disagree with the county about any part of my compliance plan.

I understand that I will receive a copy of this compliance plan and if I have any questions about the information in the plan, I can ask my worker.

If you are sending this plan to your worker by mail,	CLIENT'S SIGNATURE:	DATE:
it must be signed and postmarked by,	CASEWORKER'S SIGNATURE:	DATE:
or your cash aid may be lowered.		